



Declaration and Power of Attorney Patent Application (Design or Utility)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:
'Pneumococcal vaccines'

the specification of which

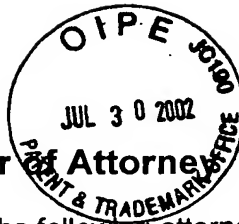
- ☐ is attached hereto
 x was filed on February 12, 2002 as application serial no. 10/049,473
 and or PCT International Application number PCT/NL00/00569 and was amended
 on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information know to me to be material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or 35 U.S.C. §365(b) of any foreign application(s) for patent or inventor's certificate, or 35 U.S.C. §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate of PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)		
Number 99202640.1	Country EP	Day/Month/Year Filed 13-08-1999
Number	Country	Day/Month/Year Filed
Number	Country	Day/Month/Year Filed



Power of Attorney

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

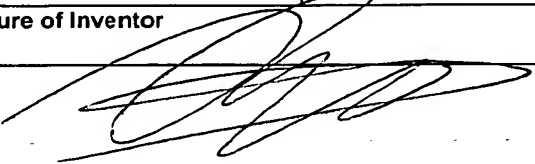
Attorney	Registration Number
Charles R. Hoffmann	<u>24,102</u>
Ronald J. Baron	<u>29,281</u>
Gerald T. Bodner	<u>30,449</u>
A. Thomas Kammer	<u>28,226</u>
Irving N. Feit	<u>28,601</u>
Alan M. Sack	<u>31,874</u>
Algis Anilionis	<u>36,995</u>
Gregory W. Bachmann	<u>41,593</u>
Anthony E. Bennett	<u>40,910</u>
James F. Harrington	<u>P-44,741</u>
Glenn T. Henneberger	<u>36,074</u>
Richard LaCava	<u>41,135</u>
Kevin E. McDermott	<u>35,946</u>
Robert C. Morriss	<u>42,910</u>
Samir R. Patel	<u>P-44,998</u>
R. Glenn Schroeder	<u>34,720</u>
Susan A. Sipos	<u>43,128</u>
Roderick S.W. Turner	<u>38,639</u>
Steven T. Zuschlag	<u>43,309</u>

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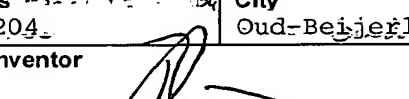
I hereby authorize them or others whom they may appoint to act and rely on instructions from and communicate directly with the person/organization who/which first sends this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless/until I instructed otherwise.

Please direct all correspondence in this case to at the address indicated below:

Ronald J. Baron
Hoffman & Baron, L.L.P.
6900 Jericho Turnpike
Syosset, New York 11791

Full Name of Sole or First Inventor		
Family Name de Groot	First Given Name Ronald	Second Given Name
Residence and Citizenship		
City of Residence Rotterdam	State or Country of Residence The Netherlands <i>NIX</i>	Country of Citizenship The Netherlands
Post Office Address		
Street Address Jan van Ghesellaan 45	City Rotterdam	State & Zip Code or Country 3054 CG 3054
Signature of Inventor 		Date 19-02-2002



Full Name of Second Inventor, if any		
Family Name Hermans	First Given Name Peter	Second Given Name Wilhelmus, M.
Residence and Citizenship		
City of Residence Oud-Beijerland	State or Country of Residence The Netherlands NLX	Country of Citizenship The Netherlands
Post Office Address		
Street Address Bachlaan 204	City Oud-Beijerland	State & Zip Code or Country 3261-WO 3261-4000
Signature of Inventor 		Date 19/II/02